Name in Full

Stanley Hiram Coleman

Certificate of Death

Died at Town: near Oakton County: Garrett MARYLAND

Date 189 5 Month: Nov, Day: 30 | Age Y. 7 M. 2 D. | Native of Garrett Co | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband / Wife of —

Father's Name Hiram S Coleman | Mother's Name Martha Jane Broadwater

Cause of Death: Primary — Syncope 89 — How long sick 3 days

Immediate — Accident, Suicide, Homicide

Reported by James A. Durbeck M D,

Address Oakonig Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

John Corrinyhorn Conyhorn

Town

Died at Accokeek

County

Garrett

MARYLAND

Month Day

Date 1898 Nov 3

Y. M. D.

Age 81 —

Native of Ire

Occupation Farmer

Male ~~Female~~

White ~~Colored~~

Married ~~Single~~

Widow ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband of Wife

Mrs Conyhorn

Father's Name

Mother's Name

Cause of Death: Primary — Paralysis 44

Immediate —

How long sick 3 days

~~Accident, Suicide, Homicide~~

Reported by W. H. Romesburg M.D.

Address Accokeek Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Daniel L. Bowman

Died ~~in~~ near Town Sunnyside County Garrett MARYLAND

Month	Day	Y	M.	D.	Native of	Occupation
11	20	80				

Date 189 8 | Age

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name | Mother's Name

Ceuse of Death { Primary: Typhoid fever 1 | Immediate: | How long sick

Accident, Suicide, Homicide

Reported by Garrett Journal 11-24

Address

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78706

Name in Full

Certificate of Death

Coughenour

Died at Accident Town Garrett County MARYLAND

Date 189 8 Month Nov. Day 8 | Age Y. 34 M. 7 D. 22 | Native of Accident | Occupation Housewife

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ | ~~Widower~~ | Divorced | ~~Number of children living~~

~~Husband~~ Wife of Mrs. Ella Coughenour

Father's Name Henry Mantz | Mother's Maiden Name M. Shartzer

Cause of Death { Primary Myocarditis 116 | How long sick 2 weeks

{ Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by R. C. Townsend

Address Accident Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

William H. Hall

Certificate of Death

Died at Town: Mardela County: Garrett Co MARYLAND

Date 1898 Month: Nov Day: 3 | Age Y: 77 M. D. | Native of: Md | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 3

Husband of —

Wife —

Father's Name

Mother's Name 97

Cause of Death — Primary: Bright disease — How long sick: one year

Immediate: Dropsy — ~~Accident, Suicide, Homicide~~

Reported by W. H. Robinson M.D.

Address Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mrs Elizabeth Hoey — Certificate of Death

Died in Town Farmington County Garrett MARYLAND

Date 1898 Month Nov Day 7 | Age Y. 59 M. D. | Native of Ireland | Occupation Wife

~~Male~~ Female | White Colored | Married Single | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living 6 or more

Husband Wife of Patrick Hoey

Father's Name — Mother's Name

Cause of Death: Primary Typhoid fever — How long sick 3 weeks.

Immediate Bronchitis & Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by A.B. Price

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full

Mrs. Runners

Certificate of Death

Died — Town: near Emmyside County: Garrett MARYLAND

Date 189 8 | Month 11 Day 14 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~

Number of children living

~~Husband~~ Wife of John Runners

Father's Name

Mother's Name

Cause of Death { Primary Typhoid / How long sick

Immediate

Accident, Suicide, Homicide

Reported by Garrett Journal 11-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name in Full

Walter Savage

Certificate of Death

Died at — Town: Dis c/o 2 — County: Garrett — MARYLAND

Date 1898 — Month: nov — Day: 14 — Age: Y. 2 M. — D. —

Native of: md

Occupation: ——

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living 8

Husband of Wife

Father's Name: Preston Savage

Mother's Name: Jemsinda Savage

Cause of Death — Primary: 89 — How long sick:

Immediate: Diptheria — Accident, Suicide, Homicide:

Reported by: S Savage — Undertaker

Address: Friendsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 69068

didnt have any Dr
to my knoladge

Name in Full — Certificate of Death

Clarence Dezor

Died at Cresaptown, County Allegany, MARYLAND

Date 1898 Nov 23 — Month Day — Age 6 — M. — Native of Md — Occupation —

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ / ~~Number of children living~~

Husband of
Wife

Father's Name Jonas Dezor — Mother's Name Emma Sandro, Dezor

Cause of Death — Primary: Erysipelas 125 — How long sick 1 week

Immediate — ~~Accident, Suicide, Homicide~~

Reported by M. C. Hunbaugh M.D.

Address Cresaptown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name in Full

Certificate of Death

Loretta May Slabach

Died at Town Gortner County Garrett MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	11	19		3	5	9		

~~Male~~ White ~~Married~~ ~~Widower~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Samuel J. Slabach Mother's Name Christena ——

Cause of Death: Primary Heart trouble 5 7 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Garrett Journal 11-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78706

Rev. G. J. Brennan

Name in Full

Certificate of Death

William Dentzer

Died at Town Mt Lu Park County Garrett MARYLAND

Date 189 8 Month 11 Day -1 Age Y. 57 M. 6 D. 9 Native of MD Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of Jane Schroyer

~~Wife~~

Father's Name

Mother's Name

126

Cause of Death { Primary Impure Paris Dentum How long sick 12 days

Immediate Diphtheria

Accident, Suicide, Homicide

Reported by M. C. Hemlaugh MD

Address Oakland MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968